ROLLING MEADOWS NURSING/REHAB 1155 SOUTH MILITARY ROAD

Number of Residents on 12/31/00:

FOND DU LAC 54937 Phone: (920) 929-3585 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 121 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 157 Average Daily Census: 104

96

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	33. 3
Supp. Home Care-Personal Care	No					1 - 4 Years	35. 4
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	9. 4	More Than 4 Years	31. 3
Day Services	No	Mental Illness (Org./Psy)	32. 3	65 - 74	14. 6		
Respite Care	Yes	Mental Illness (Other)	10. 4	75 - 84	36. 5		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	33. 3	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.0	95 & 0ver	6. 3	Full-Time Equivalen	t
Congregate Meals No Cancer		Cancer	0.0			Nursing Staff per 100 Re	si dents
Home Delivered Meals	No	Fractures	4. 2		100.0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	18.8	65 & 0ver	90. 6		
Transportation	No	Cerebrovascul ar	9.4			RNs	15. 3
Referral Service	No	Di abetes	1.0	Sex	%	LPNs	12. 3
Other Services	Yes	Respi ratory	1.0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	20.8	Male	35. 4	Aides & Orderlies	48. 3
Mentally Ill	No			Female	64. 6	1	
Provide Day Programming for			100.0				
Developmentally Disabled	No	- 			100. 0		
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Method of Reimbursement

		Medi	care		Medi c	ai d											
		(Ti tl	e 18)		(Title	19)		0th	er	P	r i vate	Pay		Manage	ed Care		Percent
			Per Die	em		Per Die	m		Per Die	m		Per Dien	1		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100. 0	\$272. 52	57	86. 4	\$96. 56	0	0. 0	\$0.00	19	90. 5	\$109.50	5	100. 0	\$96. 56	85	88. 5%
Intermediate				9	13.6	\$79. 27	0	0.0	\$0.00	2	9. 5	\$103.50	0	0. 0	\$0.00	11	11.5%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Total	4	100.0		66	100. 0		0	0. 0		21	100.0		5	100. 0		96	100. 0%

ROLLING MEADOWS NURSING/REHAB

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condi ti	ons, Services, ar	nd Activities as of 12/	31/00
Deaths During Reporting Period							
		i İ		9	6 Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	24.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	7. 9	Bathi ng	17. 7		75. 0	7. 3	96
Other Nursing Homes	2.0	Dressi ng	19. 8		72. 9	7. 3	96
Acute Care Hospitals	50. 5	Transferring	29. 2		49. 0	21. 9	96
Psych. HospMR/DD Facilities	3. 0	Toilet Use	27. 1		64. 6	8. 3	96
Rehabilitation Hospitals	3. 0	Eating	63. 5		17. 7	18. 8	96
Other Locations	8. 9	********	******	******	*******	********	*******
Total Number of Admissions	101	Conti nence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	6. 3	Receiving Resp	oiratory Care	3. 1
Private Home/No Home Health	17. 4	0cc/Freq. Incontine	nt of Bladder	42.7	Recei vi ng Trac	cheostomy Care	0. 0
Private Home/With Home Health	16. 5	Occ/Freq. Incontine	nt of Bowel	36. 5	Recei vi ng Suct	ti oni ng	1.0
Other Nursing Homes	10. 1				Receiving Osto	omy Care	1. 0
Acute Care Hospitals	5. 5	Mobility			Recei vi ng Tube	e Feeding	2. 1
Psych. HospMR/DD Facilities	1.8	Physically Restrain	ed	3. 1	Receiving Mech	nanically Altered Diets	38. 5
Rehabilitation Hospitals	0. 0					•	
Other Locations	7. 3	Skin Care			Other Resident (Characteri sti cs	
Deaths	41.3	With Pressure Sores		5. 2	Have Advance I	Di recti ves	59. 4
Total Number of Discharges		With Rashes		5. 2	Medi cati ons		
(Including Deaths)	109				Receiving Psyc	choactive Drugs	52 . 1

	Ownershi p:		ershi p:	Bed	Si ze:	Li co	ensure:		
	Thi s	Gov	ernment	100-	- 199	Ski l	lled	Al l	[
	Facility	Peer	Group	Peer	Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Rati o	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	66. 2	86. 7	0. 76	86. 4	0.77	87. 0	0. 76	84. 5	0. 78
Current Residents from In-County	82. 3	58 . 7	1. 40	79.8	1.03	69. 3	1. 19	77. 5	1.06
Admissions from In-County, Still Residing	27. 7	28. 8	0. 96	23.8	1. 17	22. 3	1. 24	21.5	1. 29
Admissions/Average Daily Census	97. 1	57. 6	1. 68	109. 7	0.89	104. 1	0. 93	124. 3	0. 78
Discharges/Average Daily Census	104. 8	61.8	1. 70	112. 2	0. 93	105. 4	0. 99	126. 1	0.83
Discharges To Private Residence/Average Daily Census	35. 6	17. 2	2.07	40. 9	0.87	37. 2	0. 96	49. 9	0.71
Residents Receiving Skilled Care	88. 5	82. 5	1. 07	90. 3	0. 98	87. 6	1.01	83. 3	1.06
Residents Aged 65 and Older	90. 6	88. 2	1.03	93. 9	0.97	93. 4	0.97	87. 7	1.03
Title 19 (Medicaid) Funded Residents	68. 8	80. 0	0. 86	68. 7	1.00	70. 7	0. 97	69. 0	1.00
Private Pay Funded Residents	21. 9	16. 8	1. 30	23. 2	0. 94	22. 1	0. 99	22. 6	0.97
Developmentally Disabled Residents	1.0	0. 9	1. 22	0.8	1.34	0. 7	1. 46	7. 6	0. 14
Mentally Ill Residents	42. 7	48. 7	0.88	37. 6	1. 14	37. 4	1. 14	33. 3	1. 28
General Medical Service Residents	20. 8	17. 6	1. 18	22. 2	0. 94	21. 1	0. 99	18. 4	1. 13
Impaired ADL (Mean)	40.8	43. 1	0. 95	49. 5	0.83	47. 0	0.87	49. 4	0.83
Psychological Problems	52. 1	59. 3	0. 88	47. 0	1. 11	49. 6	1.05	50. 1	1.04
Nursing Care Required (Mean)	7. 0	7. 2	0. 98	7. 2	0. 98	7. 0	1.00	7. 2	0. 98